

Maryland Mumps Surveillance Case Investigation Form (Rev. 2/97)

State Case ID _____

Name: _____ Hospital Record No. _____
Last First MI

Address: _____ ()
No. and Street City State Ziip Code Telephone

Reporting Physician/Nurse/Hospital/Clinic: _____ ()
name address Telephone

Investigator _____
Name

-----DETACH HERE (Identifying information above should not be sent to CDC)-----

Mumps Case Investigation

Note: This form has 3 pages

A. DEMOGRAPHIC/CASE INFORMATION

State Case ID _____

City _____ County _____ State _____ Zip Code _____

Date of Birth ____/____/____

*Age _____ (999 = Unknown)

*Age type _____ 0 0-120 Year

Sex _____ M Male

F Female

2 0-52 Weeks

U Unknown

1 0-11 Months

3 0-28 Days

4 Age group (census coding)

9 Age unknown

*Race _____ N Native Amer./Alaskan Native

Ethnicity _____ H Hispanic

A Asian/Pacific Islander

N Not Hispanic

B African American

U Unknown

W White

O Other

U Unknown

Event name MumpsDisease code 38.00Case count 1 (For individual record)

*Outbreak _____ (Leave blank unless case affiliated

Associated w/ outbreak & want to note outbreak name/no.)Date of report ____/____/____
mm dd yy

Comments _____

Case status/report status _____ 1 Confirmed

2 Probable

3 Suspected

4 Ruled out

9 Unknown

Import _____ 1 Indigenous (acquired in USA reporting state)

2 International (acquired outside USA)

3 Out of State (acquired in USA outside reporting state)

9 Unknown

B. CLINICAL DATA

Y=Yes, N=No, U=Unknown

Parotitis? Y N U

COMPLICATIONS:

Meningitis? Y N U

Deafness? Y N U

Orchitis? Y N U

Encephalitis? Y N U

*Death? Y N U

Other complication? Y N U

If other complication,
specify _____

Hospitalized due to mumps? Y N U

Total days hospitalized _____ (range 0-998; 999 Unknown)
(days)

C. LABORATORY

State Case ID _____

Was testing for mumps done? Y N U

IgM result _____ Date IgM specimen taken ____/____/____
mm dd yy

IgG result _____ Date IgG acute specimen taken ____/____/____
mm dd yy

Date IgG convalescent specimen taken ____/____/____
mm dd yy

IgM results

P Positive E Pending
N Negative X Not done
I Indeterminant U Unknown

IgG results

P Significant rise in IgG E Pending
N No significant rise in IgG X Not done
I Indeterminant U Unknown

Other laboratory result _____

Specify other laboratory method _____

P Positive E Pending
N Negative X Not done
I Indeterminant U Unknown

Was case laboratory confirmed? Y N U

D. VACCINE HISTORY

Had case ever received mumps-containing vaccine? Y N U
mm/dd/yy known, enter 15 for day

Vaccination Date If month and year are known and exact date is not

1. ____/____/____

Number of doses received ON or AFTER 1st birthday _____

2. ____/____/____

3. ____/____/____

4. ____/____/____

If case not vaccinated, what was the reason? _____

- | | |
|-------------------------------------------|-----------------------------|
| 1 Religious exemption | 6 Under age for vaccination |
| 2 Medical contraindication | 7 Parental refusal |
| 3 Philosophical objection | 8 Other |
| 4 Laboratory evidence of previous disease | 9 Unknown |
| 5 MD diagnosis of previous disease | |

E. EPIDEMIOLOGIC INFORMATION

Date FIRST REPORTED to a health department ____/____/____
mm dd yy

Date case investigation started ____/____/____
mm dd yy

Transmission Setting (Where did this case acquire mumps?) ____

1	Day Care	6	Hospital Outpatient Clinic	11	Military
2	School	7	Home	12	Correctional Facility
3	Doctor's Office	8	Work	13	Church
4	Hospital Ward	9	Unknown	14	International Travel
5	Hospital ER	10	College	15	Other

Were age and setting verified? Y N U

If transmission setting not among those listed and known, what was transmission setting?

*Outbreak Related? Y N U

If yes, outbreak name

(name of outbreak this case is associated with)

*Source of exposure for current case _____
enter State ID if source was an in-state case - imported field in core screen = 1
enter Country if source was out of USA - imported field in core screen = 2
enter State if source was out-of-state - imported field in core screen = 3

*Epti-linked to another confirmed probable case Y N U

*NOTES & DEFINITIONS

Age	Age of patient at onset in no. of years, months, weeks, or days as indicated by AGETYPE
Race	"4" is not used. It was formerly used for Hispanic, which is now indicated under "ETHNICITY"
Outbreak (Mumps)	≥ 5 confirmed or probable cases (with at least one laboratory confirmed case) clustered in space and time
Death	If patient died from mumps, verification with the physician is recommended.
Source of exposure	A source case must be either a confirmed or probable case and have had face-to-face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before onset of the new case, and between 4 days before onset and 7 days after onset of the source case.
Epi-linked	A case that has had contact with a laboratory confirmed case during the confirmed case's communicable period and whose onset is compatible with the incubation period of mumps (12-25 days)

CDC Clinical case Definition for Mumps

1. Endemic/sporadic case: Acute onset of unilateral or bilateral self-limited swelling of the parotid or other salivary gland lasting ≥ 2 days **and** without other apparent cause, as reported by a health care professional.

CDC Lab Criteria for Diagnosis

- (1) Isolation of mumps virus from a clinical specimen.
- (2) Presence of mumps specific IgM antibody in a serology specimen.
- (3) Demonstration of a significant increase in mumps IgG titers between acute and convalescent specimens

Case Classification

1. Confirmed: A person who has laboratory confirmed mumps
OR
A person who meets the clinical case definition without laboratory evidence **AND** who is epidemiologically linked to a laboratory confirmed case. Code as Status "1" in MERSS
2. Probable: Meets the clinical case definition, has noncontributory, or no serologic or virologic testing **AND** is not epidemiologically linked to a confirmed or probable case. Status "2" in MERSS.
DO NOT USE THIS CODE.
3. Suspected: Any report of a case of mumps. Code as Status "3" in MERSS and recode after investigation has disclosed case to be confirmed or ruled out.
4. Ruled out: No longer considered a case. Code as Status "4" in MERSS